



Proficiency Testing Program – “Single Site” Order Form

☞ Soil Grading & Moisture Proficiency Program 2024(120)

Please Email the completed order form to info@labsmartservices.com.au

☞ Please **PRINT** company representative contact details:-

| | |
|---------------|----------------------|
| Organisation: | <input type="text"/> |
| NATA Ac. No. | <input type="text"/> |
| Contact: | <input type="text"/> |
| Phone: | <input type="text"/> |

| | |
|----------|----------------------|
| E-mail: | <input type="text"/> |
| Address: | <input type="text"/> |
| (Postal) | <input type="text"/> |

Note: Postal address must be *Australia Post* recognised

☞ I would like to request participation in this proficiency program and by signing the authorization below agree to LabSmart Services proficiency testing program terms and conditions (see www.labsmartservices.com.au for details) and the payment of the prescribed fees.

.....
Name (Please Print)

.....
Authorised Signature

.....
Date

☞ Please **PRINT** delivery details, leave blank if the same as company details above:-

| | |
|------------------|----------------------|
| Laboratory: | <input type="text"/> |
| NATA Ac. No. | <input type="text"/> |
| Contact: | <input type="text"/> |
| Mobile or Phone: | <input type="text"/> |

| | |
|------------------|----------------------|
| E-mail: | <input type="text"/> |
| Address: | <input type="text"/> |
| (Courier) | <input type="text"/> |

Note: Postal address must be *Australia Post* recognised

☞ Please calculate total fee payable:-

\$650 \$

Number of **additional samples** required at this site = by \$525 = \$

TOTAL FEE PAYABLE \$

☞ Please **PRINT** invoicing details, leave blank if the same as company details: -

| | |
|----------|----------------------|
| Company: | <input type="text"/> |
| Contact: | <input type="text"/> |
| Phone: | <input type="text"/> |

| | |
|----------------|----------------------|
| E-mail: | <input type="text"/> |
| Address: | <input type="text"/> |
| (Postal) | <input type="text"/> |

☞ Please indicate preferred method of payment (tick):-

Invoice
PO N° _____

EFT

Credit Card
(2.5% surcharge)

Thank you for choosing LabSmart Services!